

**Department of Developmental Services**  
**Application Process for Grants-In-Aid Funds**  
**For alterations, repairs and improvements (revised 10/1/2011)**

**OVERVIEW**

The Department of Developmental Services (DDS) has been authorized under Special Act Number 05-01, “*An Act Authorizing Bonds of the State For Capital Improvements and Other Purposes*”, to provide grants-in-aid funds to department funded mental retardation private nonprofit Day Service providers. Private nonprofit Day Service providers, who receive funding through a Human Service Contract from the Department of Developmental Services, are eligible to submit an application for grants-in-aid funds. These funds are to be used for alterations, repairs and improvements to fire, health and safety systems, and/or infrastructures, including but not limited to electrical, plumbing and energy conservation measures that would inhibit the efficient execution of DDS contractor services/programs. The site for which Grants-in-Aid funding is requested must be used exclusively to serve DDS clients. The Commissioner may waive one or more of the provisions and requirements, upon written request, as long as the requested grants-in-aid is consistent with the requirements of the Act, bond issuance to effect the Act and legislative intent.

For all grants-in-aid projects, in which the selected contractor’s bid is greater than or equal to \$50,000, and for which DDS is granting funding, a performance bond in an amount not less than 100% of the bid, which covers the labor and material of the selected contractor for the subject project, must be submitted and on record in order to allow payment of invoices. This is the mechanism through which the quality and performance of the work being financed with the State of Connecticut bond funds is guaranteed. It is general practice for contractors in private industry to procure a performance bond for projects. A performance bond is acquired from an insurance or bonding company by the contractor. A performance bond does not have to be submitted with the application however, it must be with DDS prior to the commencement of the project.

Funds requested for architectural fees may not exceed 10% of the total amount requested from DDS. Exterior painting will not be funded, unless the building has a historical designation (please include documentation). Applications may be submitted for siding. Interior painting, flooring, etc. will not be funded unless it is required as part of a major renovation. Telephone systems, computer systems, feasibility studies and contingency categories will not be funded. Private nonprofit Day Service providers must inform DDS fiscal staff immediately of any plans to change ownership or tenancy of a funded site, as this affects the status of the providers' grants-in-aid contract(s) with the DDS.

Hazardous materials such as asbestos and lead paint shall be handled in strict conformance with OSHA standards. Day Service Providers must identify whether these conditions exist prior to the request for grants-in-aid funding in order to ensure that these costs are taken into consideration when requesting renovation funds.

**Work started prior to the approval of your application will not be considered for funding. The State assumes no responsibility for payments for work performed prior to the execution of an authorized contract.**

## **CHRO REQUIREMENTS**

Grants-In-Aid requests \$50,000 or more must adhere to the Commission on Human Rights and Opportunities (CHRO) requirements. The following language must be included in all requests for bids and these requirements must be adhered to by any contractors selected to perform work on approved Grants-In-Aid awards:

“The contractor who is selected to perform this State funded project must file and receive an approved Affirmative Action Plan by the Commission On Human Rights and Opportunities prior to the commencement of construction. This project is therefore subject to the State Set-Aside goals of 25% small business enterprise and 6.25% minority business enterprise on the entire state contract amount. The contractor selected to perform this State project is therefore encouraged to solicit bids from subcontractors and/or vendors who are currently certified minority owned business, disabled owned business, women-owned business and small businesses under the Department of Administrative Services’ Supplier Diversity Program”.

Contractors should contact the CHRO directly to insure these requirements are fulfilled. Agencies can not award their Grant In Aid projects to contractors until these requirements have been fulfilled. The Department will not make payments for approved Grants-In-Aid contracts if the CHRO requirements are not fulfilled. Documentation of compliance to the CHRO requirements will be required prior to making payments for Grants-In-Aid projects that have been approved for amounts \$50,000 or more.

## **APPLICATION REQUIREMENTS**

A separate application (Attachment A) must be completed for each location. **(Please note: DDS Grant in Aid Forms must not be modified in any manner).** A completed application needs to contain the following:

1. A narrative that explains in detail the work required. Submit confirmation of need including state or local fire and/or health code violations and/or other documents which substantiate need. Projects should be prioritized by the applicant within the justification.
2. A written specification detailing each project must be submitted with the application. **These specifications must be submitted to each contractor so they are bidding on the exact same project.** Detailed drawings should be included with each specification. Specifications for bathroom or kitchen remodeling should specify the make and model of fixtures and accessories. When writing specifications for roof replacement or building siding work, please be specific about the material to be installed and the guarantee required. The quality and quantity of materials must be specified to all potential bidders.

Providers must require that all contractors bidding on the projects have a certificate of insurance covering public liability and worker's compensation. If a contractor is a sole employee and, therefore, does not carry worker's compensation, please state such. Requirements for public liability and worker's compensation insurance must be stated in the written specifications providers use to solicit bids from the contractors. If a performance bond is needed, this should also be mentioned in the specifications.

3. Three written bids are required for each project and must be submitted with The DDS Request for Three Bids form (Attachment F) and are based on the written specification referenced above. Bids must be posted on the DAS State Contracting Portal <http://das.ct.gov/cr1.aspx?page=106>. DDS will fund the lowest responsible and qualified bidder on the basis of competitive bids. The lowest responsible and qualified bidder is defined as

the contractor whose bid is the lowest received and who possesses the skill, ability and integrity necessary to perform the work based on past performance and financial responsibility. ***Documentation of DAS Posting must be enclosed with requests for Grant In Aid. Documentation must include dates bids were on the Portal, and a copy of the posting.***

4. The square footage for each program site to be renovated along with an 8x11 schematic of the building floor plan.
5. Photographs for each proposed project. These photographs provide valuable input during the review process.
6. The owner's written approval (Attachments B & C) for each of the proposed projects is required for leased facilities and applicant owned facilities. In order for this application to be considered, the Owner's Statement (Attachment D) must be completed and attached to the application.
7. Audited financial statements which include a Statement of Financial Position, a Statement of Activities, and a Statement of Cash Flow. The State Single Audit Report and any audit findings from the most recent audit must also be submitted with the application.
8. Due to considerations associated with the Tax Reform Act of 1986, Bond Counsel for the State of Connecticut requests information regarding the tax status of owners in the case of leased facilities, which are to be renovated. This information must be provided. If the owner is a 501(c)(3) organization, the appropriate documentation must be submitted. A copy of the provider's 501(c)(3) letter from the U.S. Internal Revenue Service also must be included. If your agency has had a name change, please be sure this is reflected in the letter.
9. A completed Lien Analysis Form with a current (within the last year) real estate appraisal must be included with the applications and requests for Grant In Aid funding.
10. A completed Non-Discrimination Certification must also be included with applications and requests for Grant In Aid funding.

In addition, provisions under the Tax Reform Act of 1986 provide that states must document to the federal government that payments for bond fund projects do not earn interest, even overnight, in provider accounts. Payments must be made directly to the vendor of services or be a strict reimbursement. Such documentation will enable the State of Connecticut to preserve its ability to issue tax-exempt bonds.

Applications should be sent to:

Kevin Lawton, Budget Director  
Department of Developmental Services  
460 Capitol Avenue  
Hartford, CT 06106

DDS will take into consideration those providers that contribute to the cost of the projects. The complete review and approval process by DDS may take three to four months. This should be taken into consideration when seeking bids.

### **REVIEW PROCESS**

Application reviews will be conducted by the DDS Grants-in-Aid Committee. Subsequent to the review process, applications will be prioritized by code compliance, code recommendation and upgrade by the DDS staff. Recommendations for approval will be made to the Commissioner of the Department of Developmental Services.

The review will also take into account the provider's compliance with their contract regarding timeliness of reports submitted, indicating surplus/deficit amount and the provider's overall status with DDS.

Applications will be reviewed and evaluated in the following categories for occupied sites:

1. State or local fire, health and safety code compliance requirements and ADA accessibility
2. State or local fire, health and safety code recommendation.
3. Upgrades – pertain to any repair of renovations that are necessary for the current needs of the defined population that is served in that particular site

Category #1 will be given the highest priority. Code compliance issues must be documented by the responsible state or local official citing the code and section that is in noncompliance. Health, fire and safety recommendations also must be documented by the responsible official. State and/or local codes should be cited where appropriate. Documentation must be submitted with the application. Upgrades do not include specific fire, health and safety projects but improve the functioning and appearance of a site.

### **Special Note**

Special Acts state that the DDS Grants-in-Aid fund contract with providers, "shall provide that if the premises for which such grant-in-aid was made ceases, within ten years of the date of such grant, to be used as a facility for which such grant was made, an amount equal to the amount of such grant, minus ten percent per year for each full year which has elapsed since the date of such grant, shall be repaid to the state and that a lien shall be placed on such land in favor of the state to ensure that such amount will be repaid in the event of such change in use, provided if the premises for which such grant-in-aid was made are owned by the state, a municipality or a housing authority, no lien need be placed."

A receipt verifying the recording of the lien in the town where the property is located or the complete copy of the lien must be on file prior to any request for payment for grants-in-aid funds. The provider is responsible for filing the lien and paying the filing costs. The lien receipt is due in this office within ten (10) business days upon receipt of the fully executed Grants-in-Aid fund contract. It is the provider's responsibility to ensure that a copy of the lien, with volume and page numbers, is forwarded within 60 days upon receipt of the fully executed Grants-in-Aid contract.

### **REIMBURSEMENTS**

All reimbursements for approved Grants-in-Aid Contracts will be made after the completion and inspection of the work performed. Paid receipts must be submitted with your request for reimbursement.

Reimbursement packages should be sent to:

Kevin Lawton, Budget Director  
Department of Developmental Services  
460 Capitol Avenue  
Hartford, CT 06016

**ATTACHMENT A**  
**DDS**  
**APPLICATION FOR GRANTS-IN-AID FUNDS FOR ALTERATIONS, REPAIRS AND IMPROVEMENTS**

DATE:

REGION: (please circle) 1 (West) 2 (North) 3 (South)

IF YOU ARE APPLYING FOR FUNDING FOR MORE THAN ONE ADDRESS, YOU MUST COMPLETE SEPARATE APPLICATIONS.

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PROVIDER NAME: ADDRESS OF FACILITY TO BE RENOVATED:

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PROVIDER ADDRESS: (street, town, zip)

---

CONTACT PERSON: (name, title, telephone #, fax #)

EMAIL ADDRESS: (must be provided)

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OWNERSHIP: (check one) SQUARE FOOTAGE: \_\_\_\_\_ sq. ft.

( ) Leased (complete section for Leased Facilities)

( ) Owned (complete section for Owned Facilities)

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How many clients served at this location per year? \_\_\_\_\_

Is local zoning approval needed? ( ) yes ( ) no If yes, have you obtained zoning approval? ( ) yes ( ) no

Are you presently occupying the space that you are requesting funding for? ( ) yes ( ) no

Are real estate taxes on this site paid up-to-date? ( ) yes ( ) no

Is this site under foreclosure proceedings? ( ) yes ( ) no

Total annual amount of funding received through DDS Human Service Contract:

Total annual amount of DDS Human Service Contract funding used for this particular site:

Does your agency receive operational funding from other state agencies for this particular site? ( ) yes ( ) no

If yes, please identify.

**STATE AGENCY NAME ANNUAL AMOUNT RECEIVED FOR THIS SITE**

If yes to above, which state agency client population will benefit from this project?

If you have not requested funding from these other state agencies for these projects, please do so and include their response. 6

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**STATE AGENCY NAME RESPONSE**

Include any other funding available for this project, for example: provider holding and/or subsidiary companies, where applicable.

**PROPOSED PROJECTS**

List proposed projects in order of priority, check appropriate category and complete fiscal columns (total amount of project, your contribution and amount requested from DDS).

( PLEASE CHECK ONE)

**PROJECT NAME CODE CODE UP- TOTAL YOUR AMOUNT**

**COMP. REC. GRADE AMOUNT CONTRIB. REQUIRED**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

**TOTALS** \_\_\_\_\_

**THE STATE OF CONNECTICUT ASSUMES NO LIABILITY FOR PAYMENT UNDER THE TERMS OF THIS CONTRACT UNTIL SAID PROVIDER IS NOTIFIED BY THE DDS HAS THAT THE DEPARTMENT OF DEVELOPMENTAL SERVICES AND THE OFFICE OF THE ATTORNEY GENERAL HAVE APPROVED SAID CONTRACT. NO REIMBURSEMENT WILL BE MADE FOR PROJECTS STARTED PRIOR TO THIS NOTIFICATION.**

**I HAVE READ AND AGREE TO THE ABOVE STATEMENTS.**

\_\_\_\_\_  
**AUTHORIZED NAME (type or print) TITLE**

\_\_\_\_\_  
**AUTHORIZED SIGNATURE DATE**

\_\_\_\_\_  
**PROVIDER NAME (type or print) 7**

**ATTACHMENT B**  
**DDS**  
**APPLICATION FOR GRANTS-IN-AID FOR ALTERATIONS, REPAIRS AND**  
**IMPROVEMENTS**

**OWNER'S APPROVAL FOR APPLICANT LEASED FACILITIES**

The undersigned affirms that (s)he is duly authorized to act on behalf of the subject applicant and understands that no work started prior to approval of Grants-in-Aid funds will be considered for funding, and that the State will assume no responsibility for the payment of work performed by an applicant before the execution of an authorized contract.

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**AUTHORIZED NAME** (type or print) **TITLE**

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**AUTHORIZED SIGNATURE DATE OF SIGNATURE**

**APPLICANT LEASED FACILITIES** (attach copy of current lease)

How long has the applicant occupied this property? \_\_\_\_\_

When does current lease terminate? \_\_\_\_\_

Is the owner willing to extend lease? ( )no ( )yes - how long? \_\_\_\_\_

The signer affirms that (s)he owns the property described, approves the work required and attests to the above statements.

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**OWNER OF PROPERTY** (type or print)

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**SIGNATURE OF OWNER DATE OF SIGNATURE**

Will any space in the facility be used by another agency or organization?

( )no ( )yes If yes, please answer the following:

Name of agency (ies) \_\_\_\_\_

Is the agency exempt from federal income tax under section 501(c)(3) of the Internal Revenue code? ( )no ( )yes

Area to be used by other agency (ies) sq. ft. 8



**ATTACHMENT C**  
**DDS**  
**APPLICATION FOR GRANTS-IN-AID FOR ALTERATIONS, REPAIRS AND**  
**IMPROVEMENTS**

**OWNER'S APPROVAL FOR APPLICANT OWNED FACILITIES**

The undersigned affirms that (s)he is duly authorized to act on behalf of the subject applicant and understands that no work started prior to approval of Grants-in-Aid funds will be considered for funding, and that the State will assume no responsibility for the payment of work performed by an applicant before the execution of an authorized contract.

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**AUTHORIZED NAME** (type or print) **TITLE**

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**AUTHORIZED SIGNATURE DATE OF SIGNATURE**  
**APPLICANT OWNED FACILITIES**

Does the applicant own the buildings, but lease the land? ( )no ( )yes (if yes, explain)

The signer affirms that the applicant owns the property described, approves the work required and attests to the above statements.

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**AUTHORIZED NAME** (type or print) **TITLE**

---

---

**AUTHORIZED SIGNATURE DATE OF SIGNATURE**

Will any space in the facility be used by another agency or organization?

( )no ( )yes If yes, please answer the following:

Name of agency (ies) \_\_\_\_\_

Is the agency exempt from federal income tax under section 501(c)(3) of the Internal Revenue code?

( )no ( )yes

Area to be used by other agency (ies) sq. ft. 9

**ATTACHMENT D**  
**DDS**  
**APPLICATION FOR GRANTS-IN-AID FOR ALTERATIONS, REPAIRS AND**  
**IMPROVEMENTS**  
**OWNER'S STATEMENT**

I (we) hereby certify that I (we) am (are) the owner(s) of record of the property located at:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I (we) hereby agree that if the premises for which such grant-in-aid was made ceases, within ten years of the date of such grant, to be used as a facility for which such grant was made, an amount equal to the amount of such grant, minus ten percent per year for each full year which has elapsed since the date of such grant, shall be repaid to the state and that a lien shall be placed on such land in favor of the state to ensure that such amount will be repaid in the event of such change in use, provided if the premises for which such grant-in-aid was made are owned by the state, a municipality or a housing authority, no lien need be placed.

**Authorized Name(s):** \_\_\_\_\_  
**(type or print)**

**Authorized Signature(s):** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Type of Entity:** \_\_\_\_\_  
(i.e. corporation, partnership, private individual)

**Tax Status of Owner:** (check one)

- 501(c)(3) organization: (Submit documentation which attests to 501(c)(3) tax status)
- not for profit \_\_\_\_\_
- church organization \_\_\_\_\_
- State/Local Government \_\_\_\_\_
- Private individual \_\_\_\_\_
- Other (explain below) \_\_\_\_\_ 10

**ATTACHMENT E**  
**DDS**  
**REQUEST FOR THREE BIDS**  
**DAY SERVICE PROVIDER NAME**

**COSTS**

**LIST EACH PROJECT AND**

**COST SEPARATELY** NAME OF NAME OF NAME OF  
BIDDER #1 BIDDER #2 BIDDER #3

_____	_____	_____	
_____	_____	_____	
<b>PROJECTS</b>			
1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____
7. _____	\$ _____	\$ _____	\$ _____
8. _____	\$ _____	\$ _____	\$ _____
<b>TOTAL COST</b>	\$ _____	\$ _____	\$ _____ 11

**ATTACHMENT F**  
**GRANTS-IN-AID FOR ALTERATIONS, REPAIRS AND IMPROVEMENTS**  
**CHECK LIST**

These items should be included in the application package.

1. Narrative \_\_\_\_\_
2. Grants-in-Aid Fund Application - completed, signed and dated \_\_\_\_\_
3. Three bids attached to the DDS Request for Three Bids form (Attachment E) \_\_\_\_\_  
\_\_\_\_\_
4. 501(c)(3) documentation for owner, if applicable
5. 501(c)(3) documentation for Provider
6. Current lease - if the facility is not owned \_\_\_\_\_
7. Identification and Justification for each project
8. Written specifications - for each project
9. Code compliance/recommendation documentation - as cited by  
fire, health or other state or municipal inspectors (in any) \_\_\_\_\_
10. Worker's Compensation and Public Liability Certificates of  
Insurance For Contractors \_\_\_\_\_
11. Photographs \_\_\_\_\_
12. The square footage of ordinary living space for each program site to be renovated \_\_\_\_\_  
along with an 8x11 schematic of the building floor plan.
13. Audited financial statements (as described on page 2) \_\_\_\_\_
14. Documentation of DAS Web Portal Posting (copy of posting, dates) \_\_\_\_\_
15. A completed Lien Analysis Form with a current (within a year) real estate \_\_\_\_\_  
appraisal.
16. A completed Non Discrimination Certification \_\_\_\_\_
17. This checklist \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE DATE**

\_\_\_\_\_  
**TITLE PROVIDER NAME**